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COVER LETTER

TO:	Registration Section
	Division of Corporations

900 North Collier, LLC

SUBJECT:

ė

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche

(Name of Person)

Law Office of Christopher A. Roche

(Firm/Company)

229 N. Collier Blvd.

(Address)

Marco Island, FL 34145

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher A. Roche	2392500056 st ()	SEC	14201	•••••
(Name of Person)	(Area Code & Daytime Teleph	one Number)	EC	ية ه وسر مهمي
		AN	18	1 1
Enclosed is a check for the following amount:		250 250	PH	
S25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dis Certified Copy (additional copy is	solution A	ي	المسيدية ^{ال}
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 - >

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of a limited liability company is 900 North Collier, LLC
- The Articles of Organization were filed on <u>December 2, 2021</u> and assigned document number <u>L21000511364</u>
- 3. The delayed effective date the dissolution if not effective date of filing: _______ (Effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

 A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes:

Pursuant to F.S. 605.0701(2) all members have consented to the

dissolution.

5. If there are no members, enter the name and address of the person appointed to wind up this company's activities and affairs:

6. Signature of authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs.

Robert A. Sakuta, Manager Printed Name of the Person Filing

Signature of the Person Filing

FILING FEE: \$25.00

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company names below for resolution of payment of unknown claims against this limited liability company as provided in s.65.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional when filing a voluntary dissolution.

Name of Limited Liability Company: 900 North Collier, LLC

Document number of limited liability Company is: <u>L21000511364</u> Date of dissolution was: <u>effective th edate of filing of the</u> <u>dissolution</u>.

Description of information that must be included in a written claim:

Name of the Claimant Address of the Claimant Email address of the claimant Telephone number of the claimant Nature of the claim with specificity as the facts and legal basis of the claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Law Office of Christoher A. Roche 229 N. Collier Blvd. Marco Island, FL 34145

A claim against the above limited liability company will be barred unless a proceeding to enforce the claim is commenced with 4 years after the filing of this notice. \land

<u>Robert A. Sakuta, Manager</u> Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Article of Dissolution. separately \$25.00

TALLAHASSEE, FU

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